Approved for use through 7/31/2005. OMB 0651-0032
U.S. Peterk and Tradomark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of the PATENT APPLICATION FEE DETERMINATION RECORD									Application of Docket Humber 10 5203 S			
OTHER THAN												
APPLICATION AS FILED - PART I (Column 1) (Column 2)						_	SMALL ENTITY		1		FEE (I)	
	FOR	NUMBER	FILED	HUMBER	EXTRA .	-	RATE (8)	FEE (3)		RATE (S)	16510	
BASIC D7 CFF	FEE (1.10(0), (b), or (c))					\vdash						
SEAR(CHFEE			ļ		\vdash						
EXAM D7 OF	INATION FEE			 		\vdash			OR	x =		
TOTAL OZ OF	R L16(I))		minus 20 =	<u> </u>		×			UK	x -		
NOEF	PENDENT, CLAIM R 1.16(h))		If the specification and drawings exceed 100			Ľ			1			
APPUCATION SIZE sheets of paper, U \$ \$250 (\$125 for additional 50 sheets of the state of the sta				application size the document entity) for each or fraction thereof. See 3) and 37 OFR 1.16(6).						. •		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160))							TOTAL		1	TOTAL '		
• If the difference in column 1 is (ess than zero, enter 'U' in bottom' 2												
ACE (Column 3)							SMALL	ENTITY	OR	OTHER		
V	1/2/2	(Column 1) CLAIMS REMAINING AFTER	CLAIMS EMAINING AFTER P	HIGHEST HUMBER REVIOUSLY	PRESENT EXTRA		RATE (1)	ADDI- TIONAL FEE (1)		RATE (\$)	ADDI- TIONAL FEE (1)	
	//6/07 Total:	AMENDMENT		PAID FOR	- /	1	x25 ·		6R	,50 .		
AMENDMENT	Independent OT OFR CAMPA	· 1	Minus :	- 3	- /		x/00 .	<u> </u>	OR	×200-	ř	
		Fee (37 CFR 1.16(s))						/-	4	 /-		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.160)					ŀl			OŘ.	TOTAL.	 	
TOTAL ADD'L FEE OR ADD'L FEE										<u> </u>		
٠		(Column 1)		(Column 2)	(Column 3)	1 6	<u> </u>		٦	· [ADDI	
ENDMENT B	·	CLAIMS REMAINING AFTER		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (F)	TIONAL FEE (I)	
	Total	AMENDMENT	Minus	20	• —		х -		OR		 \	
	(27 OFR 1.35(2) Independent (27 OFR 1.15(1))	17	Minus	"3 .] [x =		OR	× /=		
WE CO	Application Startes (ST ST TE TO CAT					┨╏		 	OR		7 · · \	
~	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (87 CFR 1.18(I))] [$\dashv \mathbb{C}$	TOTAL		
di d							ADD'L FEE		OR	ADD'L FEE	<u> </u>	
1	· If the only in co	dumn 1 is less th	an the entry	in column 2, wi IN THIS SPACE	ile "0" in colum Is less than 20	1 3.), enf	et *20*.	-	•			

(;

"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

"If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

"If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

"If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN THIS SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN This SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN This SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN This SPACE is less than 3. enter 3.

The Highest Number Previously Paid For IN This SPACE

if you need essistance in completing the form, call 1-800-PTO-9199 and select option 2